

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047068

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

6500

FILED JAN 7 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in lb

6 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

V A HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

LAFAYETTE

c. CITY
OR
TOWN

ODESSA

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

506 SOUTH THIRD

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

WILLIAM LAWRENCE MARTIN

4. DATE OF DEATH

December 19, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-2-06

9. AGE (last birthday)

56

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

City Marshall

10b. KIND OF BUSINESS OR INDUSTRY

Odessa, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Earl Martin

13b. MOTHER'S MAIDEN NAME

Lettie Fox

14. NAME OF HUSBAND OR WIFE

Opal Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WWII

17. INFORMANT

Opal Martin, wife

VA Hospital Official Records, K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Occlusion of left coronary artery

DUE TO (c)

Atherosclerosis, generalized, severe

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary edema, severe

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Dec. 13, 1962

Dec. 19, 1962

xxxxxxxxxxxx

Death occurred at

11:20

p

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. H. OWINGS, M.D.

22b. ADDRESS

VA Hospital, Kansas City, Mo.

22c. DATE SIGNED

12-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Dec. 20, 1962

23c. NAME OF CEMETERY OR CREMATORY

Odessa Cemetery

23d. LOCATION (City, town, or county)

Odessa, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Husman-Sparks,

Odessa, Mo.

25. DATE RECD. BY LOCAL REG.

12-20-62

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1

20540

3

4 0

5 1

6

7 0

8 1

94201

10

11

12 1-6

13

1963 9 AUG

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Living L. Heisner

Licensed Embalmer No.

7547

P. O. Address

Odessa, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.